

# Youth Tobacco Prevention Policies and Programs in Schools and Communities

## Participant Materials - 2003

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# Introduction

## Youth Tobacco-Prevention Policies and Programs in Schools & Communities



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention  
[www.samhsa.gov](http://www.samhsa.gov)

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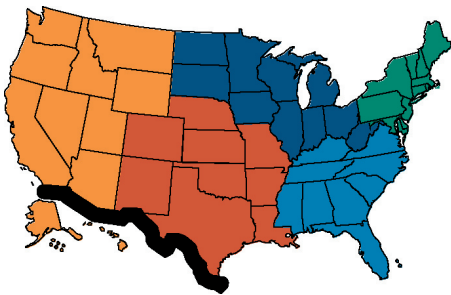
## Center for the Application of Prevention Technologies



763-427-5310 or 800-782-1878

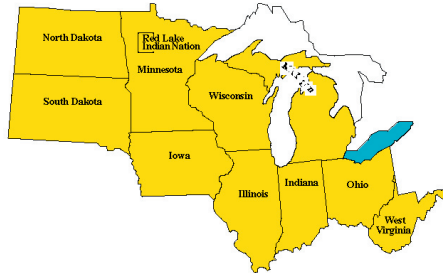
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## Regional Map



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### Central CAPT Region



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### CAPT Mission Statement

To bring research to practice by assisting state/jurisdiction and community-based organizations in the application of the latest research-based knowledge to their substance abuse prevention programs, practices, and policies.

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### CAPT Core Prevention Services

- Repackage, transfer and replicate science-based prevention program models.
- Customize, repackage, and transfer scientifically defensible prevention best practices.
- Customize, repackage, and transfer scientifically defensible prevention promising approaches.

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**Comprehensive Response to Youth Tobacco Use**

- Enforcement - provide consequences for illegal tobacco use
- Prevention - prevent youth from starting to use
- Cessation - identify, persuade and help youth and staff who use tobacco to quit
- Environment - provide a smoke-free environment for students, staff and visitors

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**Integrates Three Approaches**

1. Student Services/Assistance
2. Tobacco Diversion/Alternatives to School Suspension
3. Tobacco Prevention/Education

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**Workshop Objectives**

1. Frame tobacco use as a health issue;
2. Identify key components of an effective policy;
3. Create effective consequences;

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**Workshop Objectives (cont'd)**

4. Integrate tobacco-use violations into student services/assistance;
5. Assess all referrals to student services/assistance for tobacco use;
6. Provide training for all school staff;

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**Workshop Objectives (cont'd)**

7. Establish relationships with community-based programs and services;
8. Develop K-12 classroom prevention programs;
9. Evaluate school policies and programs.

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**Project Background**

1. Tobacco-Free School Policies: Best Practices
  - Identify effective tobacco-free school and enforcement strategies
  - Disseminate "Best Practices" to school and community groups

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## 2. Student Services/Assistance Program Review

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### 3. Tobacco Diversion

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1. ASSIST Advisory Committee
2. Literature Review
3. Review of Random Sample of Tobacco-Free Policies
4. Key Informant Interviews
5. Informal Interviews
6. Responses to Preliminary Findings
7. Think Tank
8. Workshop Participant Feedback

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**Student Services/Assistance  
Program Issues**

- The appropriate role of student services/assistance teams in handling youth tobacco use, and
- What to do with students once they are referred to student services/assistance teams

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# Module 1

**Frame the issue of student tobacco use  
as primarily a health concern.**

**Discipline plus Health**

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**Primary Goal**

**TOBACCO-FREE STUDENTS,  
not just tobacco-free buildings and  
grounds.**

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**Smoking and Public Health**

1. Single most preventable cause of death.
2. More people will die from tobacco-related deaths than from alcohol, drugs, firearms, motor vehicle crashes and HIV/AIDS combined.
3. Ninety percent of adults started before age eighteen.
4. It is estimated that one-third will eventually die from tobacco-related illnesses.

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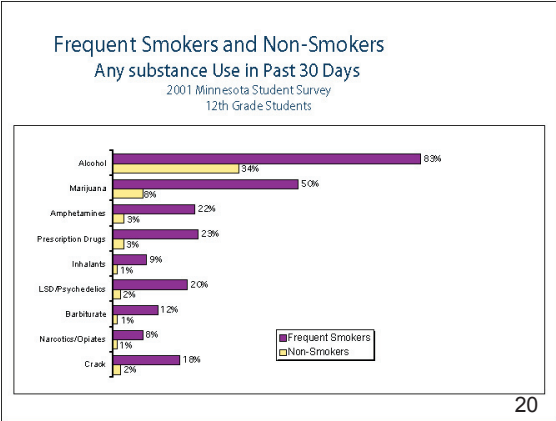
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- Benefits of Tobacco-Free Policy**
1. Establish non-smoking as the norm.
  2. Reinforce and support existing prevention efforts.
  3. Contribute to a healthy working and learning environment for students and staff.
  4. Contribute to reduced smoking rates by employees and a subsequent reduction in

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Family	Health Care	
Faith Community	Educational Institutions	
Alcohol Servers	Workplace	
Landlords	Youth Serving Organizations	
Social/Civic Organizations	Criminal Justice System	
Government Agencies	Media	

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# What Do You Think?

## RE: Tobacco-Free School Policies

Please take a few minutes to react to the following statements. Circle **SA** if you strongly agree, **A** if you partially agree, **U** if you are undecided or don't think you have enough information, **D** if you disagree, or **SD** if you strongly disagree.

	<b>SA = Strongly Agree</b>		<b>D = Disagree</b>		
	<b>A = Agree</b>		<b>SD = Strongly Disagree</b>		
	<b>U = Undecided</b>				
1. Most people feel that tobacco use is the most serious drug problem among school-aged youth.	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
2. Schools have the primary role in preventing tobacco use among youth.	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
3. Since it is virtually impossible to keep young people from smoking, the goal of a tobacco-free school is to keep tobacco use off school property and out of school buildings, vehicles and sponsored events.	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
4. Tough policies with severe consequences for violation can ensure that schools and communities are tobacco-free.	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
5. Tobacco use violations are referred to student services/ assistance program staff in most schools.	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
6. Many students report a desire to stop smoking and would like help to quit.	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
7. Smoking cessation opportunities for youth are effective and available in most communities.	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
8. Classroom-based tobacco use prevention programs are effective.	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
9. Community diversion programs for tobacco violations can be an effective strategy for encouraging youth to quit smoking.	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
10. After care support or postvention services for tobacco cessation are available for youth and adults in most communities.	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>

# Module 2

## Policy Development and Revision Components

1. A clear rationale for the policy focusing on reducing health risks related to tobacco.
2. Prohibitions against the use of tobacco products.
3. Prohibitions against tobacco advertising or tobacco promotion and advertising on school property and school-sponsored events or publications.

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## Policy Development and Revision Components (cont'd)

4. Classroom education programs for students.
5. Clear procedures for communicating the policy to those affected by it including students, staff, parents and visitors.
6. Consistent and equitable enforcement of the policy.
7. Smoking cessation programs for students and staff who wish to quit smoking.

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# From: Tobacco-free School Policies: Best Practices

Written by Tom Griffin, CSAP's Central CAPT Internal Evaluator

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## Literature Review

The purpose of this literature review is to identify and summarize key components of tobacco-free school

policies and enforcement practices. The review has been limited to articles from refereed journals, government documents describing tobacco use prevention policies and programs, and official publications of education-related organizations. All documents included in the review were written and disseminated during the decade from 1986-1996.

Since the 1964 Surgeon General's report on smoking and health, there have been extensive efforts throughout the United States to reduce and prevent tobacco use (Surgeon General's Advisory Committee on Smoking and Health 1964). Because the vast majority of those who use tobacco begin before reaching age 18, tobacco use prevention efforts have focused on youth. These efforts have taken a variety of forms, including public awareness campaigns, classroom education, laws restricting sales of tobacco to youth, and school policies regarding tobacco use (Reducing the Health Consequences of Smoking 1989).

Attention to efforts to reduce youth tobacco use has occurred at federal, state, and local levels. Healthy People 2000 included specific objectives related to the reduction of tobacco use by youth, enactment and enforcement of laws against sales and distribution of tobacco products to youth, and restriction of tobacco product advertising and promotion to which youth are exposed (Healthy People 2000 1990). In 1992, Congress enacted the "Synar" Amendment, which requires states to enact and enforce laws restricting youth access to tobacco (Public Law 321). Individual states have also taken coordinated and comprehensive actions to reduce tobacco use by youth (Griffin 1988, DiGiacomo et. al. 1993, Bishop and Stauffer 1990, Achieving Smoke-Free Schools for Massachusetts: A Comprehensive Approach 1989). These statewide efforts have served to both initiate and reinforce efforts at the local community level. Tobacco-free school policies have

been integral components of efforts at both the state and local levels and are often tailored to reflect local or regional political and cultural realities that affect tobacco use policy development and enforcement.

Prior to the mid-1980's, most tobacco use prevention efforts based in schools were a part of health education curriculum that emphasized the dangers and health consequences of smoking. While certain classroom-based psychological approaches to smoking prevention demonstrated some success (Flay 1985), public health and education professionals began to become increasingly interested in prevention approaches that emphasized an environmental approach that included development and enforcement of policies restricting tobacco use on school property (Griffin et. al. 1988; Rist 1986). While many school districts had policies about tobacco use by students on school property, few policies included faculty, staff or visitors, and many policies were permissive, with lax enforcement practices. In a survey conducted by the National School Boards Association (NSBA) in 1986, health hazards of smoking were most often cited as the reason school boards instituted nonsmoking policies (NSBA 1987). Other reasons identified by districts included local laws, costs related to instructional time lost because of cutting class or arriving late because of tobacco use, custodial costs required for additional cleanup related to smoking, and public image problems triggered by parent or other visitors observing a smoking lounge filled with underage youth smoking cigarettes.

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By 1989, approximately 95% of all US school districts had written policies and regulations limiting the use of tobacco products, and 17% of the districts were smoke-free, prohibiting smoking by students, staff and visitors (NSBA 1989). In Minnesota, the American Lung Association of Minnesota (ALAM) and the Minnesota Department of Education (MDE) sponsored the Tobacco-free Schools Project (Griffin et. al. 1988). Launched in the fall of 1985, the project was designed to encourage local school districts to adopt tobacco-free policies as a component of a coordinated effort to reduce tobacco use rates. The project identified four potential benefits of a tobacco-free school policy:

1. Establish nonsmoking as the norm.
2. Reinforce and support existing prevention efforts.
3. Contribute to a healthy working and learning environment for students and staff.
4. Contribute to reduced smoking rates by employees and a subsequent reduction in health problems and economic costs.

Project staff, assisted by an advisory committee, developed a comprehensive manual, *Tobacco-free Schools in Minnesota: Guidelines for Policy Development*, and conducted a series of workshops to assist schools to plan, implement and enforce a tobacco-free school policy. Project staff also offered consultation to local districts and established an incentive award system to acknowledge districts that adopted a tobacco-free policy with a tobacco-free logo plaque, window stickers, and other public awareness materials. At the onset of the project in 1985, only 3 of 435 districts (<1%) had tobacco-free policies. By January of 1988, at least 188 districts (43%) had adopted such policies. By 1991, 100% of Minnesota districts had adopted tobacco-free policies (Elder et. al. 1996). In 1992, the Minnesota legislature enacted a law that prohibited tobacco products in public schools, including all district facilities and vehicles (MN Statutes 144.4165).

Recent prevention strategies that show the most promise in demonstrating effectiveness focus on change at multiple levels, including the family, social groups, local communities and broader society. These approaches advocate changing the broader environment across the whole population and are not simply targeted to those deemed to be at highest risk for initiation of tobacco use (Wagenaar and Perry 1994). During the past decade, evaluation of tobacco use prevention efforts targeted toward youth has identified the important role of school policy as a component of effective comprehensive programs (Brink et. al. 1988). The Child and Adolescent Trial for Cardiovascular Health (CATCH) study concluded that “Tobacco-free policies appear to be a crucial part of school-based interventions and must be tailored to political and regional factors affecting a given school district” (Elder et. al. 1996). The Centers for Disease Control (CDC) Guidelines for School Health Programs to Prevent Tobacco Use and Addiction include a recommendation to “develop and enforce a school policy on tobacco use (that is) consistent with state and local laws...” It is recommended that these policies include prohibitions against tobacco use by students, staff, parents and visitors on school property, in school vehicles, and at school-sponsored functions away from school property (Healthy People 2000 1990). It has also been noted that by taking the initiative to implement a comprehensive no-smoking policy to ensure a safe and healthy environment for students, staff and visitors, school districts minimize the likelihood of legal challenges (Hartmeister 1990).

# Module 3

## Key Findings

- All schools are tobacco-free by law.
- Policy implementation and enforcement varies widely and is inconsistent.

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# Module 4

## Key Findings

- A variety of consequences are administered for violation of tobacco-free school policies.

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## Examples of Punitive Consequences

- Verbal or written warning/reprimand
- Fines
- In-school suspension
- Out-of-school suspension
- Alternative to school suspension
- Community service

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## Examples of Punitive Consequences (cont'd)

- Clean up of environment
- Written assignments
- Education classes
- Suspension from athletics and other co-curricular activities.
- Expulsion from athletics and other co-curricular activities.

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**Examples of Punitive Consequences  
(cont'd)**

- Alternative education
- Police notification
- Revocation of parking privileges
- Referral to administrator
- A combination of more than one of the above

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**Examples of Health Consequences**

- Referral to student services/assistance program/team
- Notify parent/primary care provider
- Meeting between parent/primary care provider and school personnel
- Required attendance in tobacco education/diversion program
- Required enrollment in tobacco cessation program

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**Effective Consequences**

1. If perceived to be too lenient, offer little deterrence.
2. If perceived to be too severe, will not be enforced consistently.

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**Three Factors Related to Effective  
Consequences:**

1. Certainty
2. Severity
3. Celerity

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## Where Do We Stand? Zero Tolerance vs. No Tolerance

Recently, a local school district made the news because of a disagreement with a parent about the consequences for violating the district's drug and alcohol policy. While the dispute has many layers to it, one issue that received the most attention was the district's zero tolerance policy.

The details may look different across districts but zero tolerance policies generally refer to rules and sanctions that are enforced and applied rigidly, without exception. The sanctions are often suspension and expulsion. The district usually applies zero tolerance policies for the most serious of violations: weapons, drugs, and alcohol.

In contrast, districts with no tolerance policies, while recognizing the seriousness of the offense, consider a variety of approaches and consequences to hold students accountable for their behavior, and take into account mitigating circumstances. The response is more situational than absolute.

Considering the different impacts of these policies, it is important to examine each approach:

<b><u>Zero Tolerance</u></b>	<b><u>No Tolerance</u></b>
<b>Harm is taken seriously</b>	<b>Harm is taken seriously</b>
<b>More equitable than fair</b>	<b>More fair than equitable</b>
<b>Specific consequences are applied uniformly based on rules</b>	<b>Variety of consequences are available based on circumstances, are situational</b>
<b>Detention, isolation, suspension and expulsion</b>	<b>Restitution, family group conferencing, community/school service and suspension and expulsion</b>
<b>Letter of the law focus</b>	<b>Attempts to follow the spirit and intent of the law</b>

Weapons violations provide an illustration of the major challenge of zero tolerance policies, that sometimes the punishment does not fit the crime. A second grader brings to school a present his granddad gave him to show his friends: a pocket knife. He is caught with the knife, and is expelled from the district for one year for violating the weapons policy. Parents and the community may see this as an extreme response, and do not think the policy which they believe is intended for a student carrying a handgun into class should be applied to a 7-year old and his birthday present.

### **Zero Tolerance vs. No Tolerance: Which Approach is Best?**

This zero tolerance response to all violations has contributed to an increase in the number of expulsions statewide, and has undoubtedly caused services to increase the number of appeals to the Commissioner of Children, Families and Learning by 50 percent over 2 years. Expulsion appeals can cost a district on average between \$500 and \$1500 in legal expenses.

No tolerance policies also are open to criticism as parents and community members may see different consequences as inequitable and confusing, or perceive that administrators are lapse in holding all students accountable.

Policies are developed based on experience, laws, mandates, community concerns, and expediency and will have stronger support if their development includes student, parent, and community input. The need for continual evaluation is important as is reporting back to the community about the policy's effectiveness. In that way a policy will reflect the values and beliefs of the staff, students and community, but not to the point of keeping rules, no matter what they are, that don't work.

*(Minnesota Department of Children, Families and Learning, 1998)*

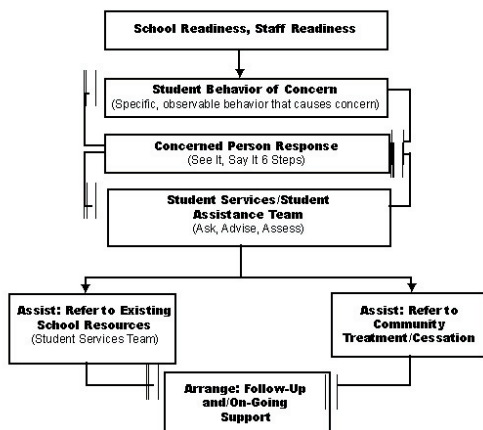
# Module 5

## Key Findings

- Tobacco use violations are not referred to student services/assistance program staff in most schools.

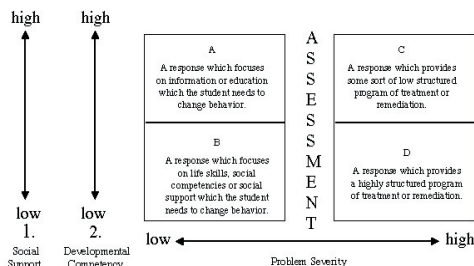
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## STUDENT SERVICES/ASSISTANCE APPROACH TO STUDENT TOBACCO USE A System of Response



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## A Model for Matching Student Needs with School & Community Resources



- Includes family and peer support as well as involvement in groups such as church/synagogue, sport teams or activities.
- Includes age appropriate behaviors and skills.

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# Module 6

## Training

1. Student Services/Assistance Process
  - All school staff
  - Student services/assistance staff
  - Peer leaders
2. Classroom Prevention/Education
  - Teachers
  - Peer Leaders

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## Role of School Staff

1. Observe and Identify
2. Document Behavior
3. Share Concern
4. Refer Student if Appropriate
5. Provide Ongoing Support

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## Behavior of Concern

Specific, observable behavior that concerns you.

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**See It, Say It - 6 Steps**

I Care

I See

I Feel

I'M LISTENING

I Want

I Will

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# Sharing Concerns

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Listed below are examples of situations that can occur that involve someone's inappropriate use of tobacco. For each situation, discuss what you would say or do if you were the one involved.

1. You are at the mall, and you overhear students talking about being able to buy cigarettes from an older friend who clerks at a convenience store.
2. Your daughter/son has come home after studying with friends and, on two occasions, smelled of smoke.
3. You observe a student bending over to pick a pencil up from off the floor and a pack of cigarettes drops out of his shirt pocket.
4. You learn that your 13-year-old daughter/son has been smoking cigarettes every day for several months.
5. The father of your daughter's/son's best friend tells you that he is not concerned that his 14-year-old is smoking -- it's part of growing up.

# Module 7

## Key Findings

- Community involvement in policy implementation is infrequent and limited to police and public health.

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## Cooperative Relationships

- Cooperation with community-based diversion programs can provide students with the information, skills, and support needed to avoid further tobacco use.
- Cooperation with other community agencies and health plans can provide cessation resources.

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## Tobacco Diversion/Alternatives to School Suspension

- Programs designed to offer young people who have violated a tobacco-use law or school tobacco-use policy an incentive to participate in an educational program that can lead to a positive behavioral health change.

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### **Diversion Program Goals**

1. Provide an incentive for a positive alternative to the young person who has used tobacco illegally or violated school tobacco use policy.
2. Provide young people with current information on tobacco use and its conse-

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### **Diversion Program Components**

1. A tobacco education class or series of classes
2. A connection to cessation assistance

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### **Diversion Program Class Content**

1. Assess reasons for smoking.
2. Learn about the addiction process.
3. Learn about the legal and health consequences of tobacco use.
4. Examine advertising/marketing schemes; industry strategies; motives.

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### **Diversion Program Class Content (cont'd)**

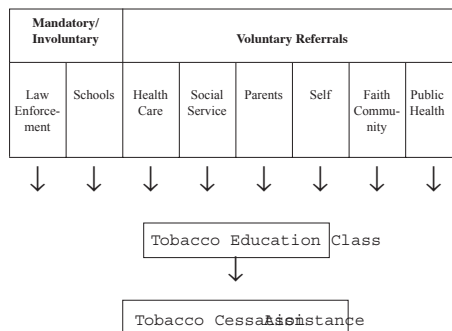
5. Develop skills, i.e. stress and anger management, refusal, etc.
6. Become familiar with education strategies - how to reduce or quit.
7. Learn about resources for cessation and be connected to other comprehensive

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### **Tobacco Education Structure**

1. Integrate youth as peer educators.
2. Involve parents as much as possible.
3. Conduct evaluation and gather feedback from class.
4. Provide follow-up.

### **Beyond Diversion/Alternatives to Suspension: A Comprehensive Community Response to Youth Tobacco Use**



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**Key Elements of Effective Community  
Diversion Programs**

1. Clear city/county ordinance with effective consequences.
2. Law enforcement consistently tickets and refers violators to class.
3. Communication with school personnel.

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**Key Elements of the Effective  
Community Diversion Programs**

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**Key Elements of the Effective  
Community Diversions Programs  
(cont'd)**

7. Follow-up.
8. Availability of cessation.
9. Follow-up (aftercare).

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### **Key Findings**

- Many school staff and students report a desire to stop smoking and would like help to quit.

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### **Examples of Youth Cessation Programs**

1. Self-help print materials.
2. Brief interventions by health care providers.
3. Two- or three-hour education classes.

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### **Examples of Youth Cessation Programs (cont'd)**

4. Six- to eight-session classes.
5. Group support.
6. Nicotine replacement therapy.
7. Social support.

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**Examples of Youth Cessation Programs  
(cont'd)**

8. Skills training/problem solving.
9. Hypnosis.
10. Acupuncture.
11. Inpatient treatment.
12. Stress management.
13. Combination of 1-12 above.

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**Implementing School Cessation  
Programs**

1. During the school day
  - study period
  - lunch hour
  - rotate during regular class hours
2. Refer to community based programs

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**Obstacles to Effective Diversion/  
Programs**

1. A culture or norm that tobacco is simply not a significant problem.
2. A lack of follow-through by judges and the court system.
3. A lack of integrating science-based principles in the design of education classes.

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**Obstacles to Effective Diversion/  
Programs (cont'd)**

4. Difficulty in getting youth motivated to participate in class activities.
5. Fines and other consequences are sometimes not severe enough to encourage participation in the classes.
6. Inconsistency among community partners.
7. Not making an effort to connect with families.

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**Obstacles to Effective Diversion/  
Programs (cont'd)**

8. Some parents are not supportive because of their own tobacco use and others simply do not view tobacco use as a significant problem.
9. There is a lack of referral resources for cessation and a simple referral process.
10. There is a lack of training for people conducting the classes that includes the art of teaching/learning.

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**Obstacles to Effective Diversion/  
Alternatives to School Suspension (cont'd)**

11. There is a lack of clarity or communications on how health care, social service and parent and self-referrals can be simplified.
12. The title "diversion" needs to be changed to something more appealing.
13. If the program becomes school dominated, then it becomes "school's" problem/responsibility rather than a community

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# Module 8

## Key Findings

- While most schools offer classroom-based tobacco use prevention programs, there appears to be limited coordination of instruction across grade levels and few examples of documented scope and sequence of instruction.

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## Multiple Efforts

- Prevention strategies showing greatest promise of effectiveness focus on change at multiple levels:
  - individuals
  - family
  - school
  - communities

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## Multiple Efforts (cont'd)

- The expected impact of any single prevention program is likely to be limited and difficult to isolate.
- Classroom-based prevention, in isolation from other prevention approaches, has been consistently demonstrated to have limited impact.

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### **Social Influences Model**

School classroom prevention programs appear to be most effective if based on the social influences model for primary prevention.

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### **Elements of the Social Influences Model**

1. Short-term consequences
2. Reasons for using and not using
3. Accurate information about peer norms
4. Influence of advertising
5. Resistance skills
6. Effects of substance use in community
7. Public commitment to refrain from use

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### **Common Attributes of Effective Approaches**

- Interactivity
- Cultural relevance
- Intensity and duration
- Booster sessions: school/family
- Credibility of presenter
  - peers
  - cross-age mentors
- Message
  - Accuracy

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# Module 9

**Shifting Focus**

- School/community policies and laws should be reviewed regularly and updated when appropriate.
- Environmental approaches to prevention are demonstrating a reduction in certain alcohol, tobacco, and other drug-related behavior and problems.

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# Staff Survey

The following survey is being conducted to determine the effectiveness of our efforts to assist students who demonstrate behavior that interferes with learning or co-curricular performance and to prevent alcohol, tobacco and other drug use. The results of this survey will give our school valuable information for future planning efforts. Please check the primary group of students with whom you work.

- ☐ Elementary school
- ☐ Middle school
- ☐ High school

1. Does our school have a comprehensive alcohol, tobacco and other drug policy that is provided to all staff and students?  
☐ yes      ☐ no      ☐ unsure
2. Does the policy promote helping students who demonstrate problem behavior?  
☐ yes      ☐ no      ☐ unsure
3. Is the policy enforced with consistency?  
☐ yes      ☐ no      ☐ unsure
4. In general, how effective do you think your school's efforts have been for helping students?  
☐ very effective      ☐ not at all effective  
☐ somewhat effective      ☐ I don't know  
☐ a little effective
5. Do you feel your responsibilities for helping students with problem behaviors has been clearly defined?  
☐ yes      ☐ no      ☐ unsure
6. Do you feel you have received adequate training for your role in helping students with problem behaviors?  
☐ yes      ☐ no      ☐ unsure
7. If you observed behaviors that interfered with a student's learning or co-curricular performance, how likely would you be to **document** the student's behavior(s)?  

5
4
3
2
1

Very likely
Not at all likely
8. If you observed behaviors that interfered with a student's learning or co-curricular performance, how likely would you be to **talk with** the student about his/her behavior(s)?  

5
4
3
2
1

9. If you observed behaviors that interfered with a student's learning or co-curricular performance, how likely would you be to **refer** the student for assistance?  

5
4
3
2
1

Very likely
Not at all likely

## DOES YOUR SCHOOL BUILDING HAVE CLEARLY DELINEATED PROCEDURES FOR YOU TO FOLLOW IN THE SITUATIONS LISTED BELOW?

10. Staff member identifies behaviors indicating a problem with a student.  
☐ yes      ☐ no      ☐ unsure
11. Student seeks help from a staff member.  
☐ yes      ☐ no      ☐ unsure
12. Classmate or friend seeks a staff member's help for another student.  
☐ yes      ☐ no      ☐ unsure
13. Parent seeks a staff member's help for his/her child.  
☐ yes      ☐ no      ☐ unsure

## ARE THERE RESOURCES AND SUPPORT FOR YOU TO HELP STUDENTS WHO DEMONSTRATE PROBLEM BEHAVIORS?

14. I know where to refer a student for help.  
☐ yes      ☐ no
15. It is expected that I will refer a student for help.  
☐ yes      ☐ no
16. If I make a referral, I believe some action will be taken to benefit the student.  
☐ yes      ☐ no
17. Adequate information/training about how to help students is available to me.  
☐ yes      ☐ no
18. I am reluctant to get involved in a student's personal life because of the possible legal complications.  
☐ yes      ☐ no
19. I am reluctant to get involved in a student's personal life because of the time commitment.  
☐ yes      ☐ no
20. Other resources or support \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Parent Survey

The following survey is being done to determine the effectiveness of our school's programs to prevent alcohol, tobacco and other drug problems. The results of this survey will give our school valuable information for future planning efforts.

1. Our school has a comprehensive alcohol, tobacco, and other drug policy.  
☐ yes      ☐ no      ☐ unsure
2. Our school has clear rules about alcohol, tobacco, and other drug use.  
☐ yes      ☐ no      ☐ unsure  
*If you answered "no" or "unsure" then go right to Question 4.*
3. If yes, our school enforces the rules fairly and consistently.  
☐ yes      ☐ no      ☐ unsure
4. I feel our school will help students that have a problem with alcohol, tobacco, or other drugs.  
☐ yes      ☐ no      ☐ unsure
5. I feel our school gives a strong, clear message about not using alcohol, tobacco, or other drugs.  
☐ yes      ☐ no      ☐ unsure
6. If my child had a problem with alcohol, tobacco, or other drugs, I would know how to get help.  
☐ yes      ☐ no      ☐ unsure
7. I consider the school as a resource to me if I need help for my son or daughter.  
☐ yes      ☐ no      ☐ unsure
8. Our school sponsors and promotes alcohol, tobacco, and other drug free activities.  
☐ yes      ☐ no      ☐ unsure
9. Our school prepares our children to make healthy, legal, and safe decisions about alcohol, tobacco, and other drugs.  
☐ yes      ☐ no      ☐ unsure

10. Our school has helped me as a parent to understand my role in the prevention of alcohol, tobacco, and other drug use with my child(ren).  
☐ yes      ☐ no      ☐ unsure
11. I feel the school wants my involvement in these prevention efforts.  
☐ yes      ☐ no      ☐ unsure
12. I know how to become involved in prevention efforts with the school and the community.  
☐ yes      ☐ no      ☐ unsure
13. What else could our school and community be doing to prevent alcohol, tobacco, and other drug use problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THANK YOU VERY MUCH FOR  
COMPLETING THIS SURVEY.**

## Student Survey

The following survey is being done to help us know whether our school's programs to prevent alcohol, tobacco, and other drug problems really work. Your honest answers to these questions will be very helpful.

1. Our school has clear rules about alcohol, tobacco and other drug use.  
☐ yes      ☐ no      ☐ unsure  
*If you answered "no" or "unsure" then go right to Question 3.*
2. If yes, I feel these rules are fairly enforced.  
☐ yes      ☐ no      ☐ unsure
3. I feel our school will help students that have a problem with alcohol, tobacco, or other drugs.  
☐ yes      ☐ no      ☐ unsure
4. If I have a problem with alcohol, tobacco, or other drugs, I would know how to get help.  
☐ yes      ☐ no      ☐ unsure
5. If a friend of mine has a problem with alcohol, tobacco, or other drugs, I would know how to get help.  
☐ yes      ☐ no      ☐ unsure
6. Our school promotes alcohol, tobacco, and other drug free activities.  
☐ yes      ☐ no      ☐ unsure
7. I feel our school gives a strong, clear message about not using alcohol, tobacco, or other drugs.  
☐ yes      ☐ no      ☐ unsure
8. I feel our school has prepared me for making healthy, legal, and safe decisions about alcohol, tobacco, and other drug use.  
☐ yes      ☐ no      ☐ unsure

9. What else could our school be doing to help prevent alcohol, tobacco, and other drug use problems? \_\_\_\_\_

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**THANK YOU VERY MUCH FOR  
COMPLETING THIS SURVEY.**

Creating and maintaining a tobacco-free school district is an ongoing process. The first steps to reviewing school policies, enforcement procedures, and educational programs may be initiated by a school board member, administrator, teacher, staff member, student, parent, or concerned community member. Each district will want to modify and tailor the following outline to fit their own school and community needs. These steps are intended to serve only as a guideline to assist you in getting started.

## **Step 1: Get Commitment.**

- Secure school board and administrative support for a review of existing policy.
- Survey community on attitudes toward the current policy.
- Identify problems related to current policy and support for a change.
- Identify educational, health, and economic reasons for changing policy.

## **Step 2: Form an advisory committee to recommend a tobacco policy.**

- Include a wide representation of community members.
- Review current policy and gather data needed for new policy including relevant state law.
- Discuss and address perceived concerns of school administrators and others.

## **Step 3: Develop the new policy.**

- Write a new policy draft (keep it simple and specific).
- Identify where and to whom the policy applies: district-wide, buildings, etc.
- Develop rationale (include benefits) for the policy.
- Identify importance of prevention and education program for students K-12.
- Develop enforcement issues. Invite local law enforcement officers to assist.
- Develop consequences for violations including education/diversion and cessation alternatives to punitive sanctions.
- Identify a meaningful date, such as the start of the school year, to begin policy.

## **Step 4: Present new policy to school board.**

- Acquire and submit forms to get on school board agenda.
- Select a group to present (local physician, teacher, student, parent).
- Convey the importance of new policy and ask for approval to adopt.
- Gather support from community members to attend this meeting.
- Provide just a few pages of information to board members before meeting.

## **Step 5: Plan the implementation and enforcement strategies.**

- Select a new implementation date with “significance,” such as start of the school year.
- Identify education/diversion resources for tobacco violators.
- Review K-12 curriculum scope and sequence.
- Allow sufficient time for people to prepare for implementation.
- Identify cessation resources available for tobacco users.
- Identify enforcement strategies for students, staff and visitors.
- Prepare for complaints about the new policy and how conflicts will be resolved.
- Provide training for those who will be involved in enforcement and classroom instruction.
- Emphasize the need for firm, consistent enforcement.
- Ensure that policy is in the best educational, health, and economic interests of all.
- Focus on the use of tobacco not on the user.
- Absolute enforcement expectations will minimize problems.

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### **Step 6: Communicate the policy.**

- Communicate throughout school and community. Include:
  - A description of the new policy and reasons for the change
  - Benefits of a tobacco-free school
  - Who will be affected
  - The implementation date
  - Enforcement procedures
  - How and where to get help with quitting tobacco use
- Emphasize the educational, health and economic benefits of new policy. Include various strategies for reaching students, staff, parents, and others.

### **Step 7: Implement the policy.**

- Recognize commitment is necessary to insure an effective policy.
- Expect an initial testing period.
- Be extra vigilant during first few months.
- Enlist support of community law enforcement agencies.
- Encourage students, staff, parents, and others to take pride in new policy.
- Offer options for cessation programs.

### **Step 8: Evaluate the policy.**

- Surveys, data from violation reports, cessation program attendance records, or informal interviews can identify persons who quit because of policy, successful cessation programs, unanticipated benefits, and/or problems related to policy.

Source: Acott, C. et al (1993) Creating Tobacco-Free Schools (out of print)

Adapted from the 1996 Resource Packet Series, School Health Resource Services, Office of School Health, University of Colorado Health Sciences Center, Denver, Colorado.

# Module 10

**Workshop Objectives**

1. Frame tobacco use as a health issue;
2. Identify key components of an effective policy;
3. Create effective consequences;

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**Workshop Objectives (cont'd)**

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**Workshop Objectives (cont'd)**

7. Establish relationships with community-based programs and services;
8. Develop K-12 classroom prevention programs;
9. Evaluate school policies and programs.

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## Helpful Resources

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### Web-based Resources

**Central CAPT**  
**[www.ccapt.org](http://www.ccapt.org)**

This web site is sponsored by Central CAPT and offers information to help the prevention practitioner understand science-based prevention and how it helps make local prevention more effective.

**Western CAPT**  
**[www.open.org/westcapt/](http://www.open.org/westcapt/)**

This site has a particular emphasis on program evaluation found at:

### People to Contact

**Central CAPT 763-427-5310 or  
1-800-782-1878**

**Science-based Training**  
Roger Svendsen

**Training & Technical Assistance  
Coordinator**  
Christine Rosga

**Technology**  
Tom Moberg  
Paul Zobitz